

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>01/07/00</i>
O.I.P.E. CLASSIFIER	<i>R50</i>		<i>2/11/00</i>
FORMALITY REVIEW	<i>SH</i>	<i>60245</i>	<i>7-18-00</i>
RESPONSE FORMALITY REVIEW	<i>SH</i>	<i>60245</i>	<i>11-24-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
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50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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